



**Metamora Grade School**

**Medical/Insurance Contact Information**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Grade 5 \_\_\_\_\_ 6 \_\_\_\_\_ 7 \_\_\_\_\_ 8 \_\_\_\_\_ Home Phone \_\_\_\_\_

Student's Address \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother's Cell \_\_\_\_\_ Father's Cell \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**Insurance Waiver**

In order to participate in MGS extra-curricular activities, each participant must have a current accident insurance policy in force that will cover him/her during the school year.

Parents who have current coverage on their child must file the statement with the office. Parents who do not have a current policy may purchase a plan from a local or area agent.

I prefer my student be taken to \_\_\_\_\_ hospital.

**Medical Release**

In the event my son/daughter requires emergency medical attention, I give permission to school representatives to seek necessary services. I will be notified at the earliest opportunity.

**Disclaimer of Liability**

The Metamora Community Consolidated School District No. 1, staff and athletic departments do not assume any liability for any injuries incurred while a student is participating in extra-curricular activities or while a student travels to/from activities.

A student participating in extra-curricular activities and using equipment and facilities of the Metamora Community Consolidated School District No. 1 does so at his/her own risk. Sports are physical in nature and those who elect to participate in athletics must recognize the injuries may occur which could be crippling for life.

The Metamora Community Consolidated School District No. 1 and staff shall not be liable for any damages arising from personal injury sustained by the participant. The participant and his/her parents assume full responsibility for any damages or injuries which may occur during practices, contests, activities, travel to/from activities and so hereby and forever exonerate and discharge the Metamora Community Consolidated School District No. 1, athletic department, staff, Board of Education, employees, and agents from any and all claims, demands, damages, rights, anticipated, or unanticipated, resulting from or raising our of participation in athletics/activities and in the use of school district facilities or while a member of a league, club or organization.

**Confirmation of Insurance**

I understand the Disclaimer of Liability. I have an insurance policy that covers my son/daughter while participating in Metamora Community Consolidated School District No. 1 extra-curricular activities.

Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**Medical Information**

Please list any medical conditions of the above student (asthma, diabetes, epilepsy, etc.):

\_\_\_\_\_

I affirm that the information on this form is correct. I give permission for my son/daughter to participate in extra-curricular activities. I acknowledge that I have read and fully understand the extra-curricular code in the student handbook and support any penalties that may be enacted.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_